

to=&envirofacts_ch=0&envirofacts_a=FULL_ENFORCEMENT&envirofacts_b=LQG&envirofacts_libs=&proc_group=0&procname=&program_search=2&report=1&page_no=1&output_sql_switch=TRUE&database_type=RCRAINFO

Envirofacts

Search Results

RCRAInfo

[Data Disclaimer](#)

Only RCRAInfo facility information was searched to select facilities

[Return](#)

Handler ID: Containing: ilr000177592

Results are based on data extracted on MAY-13-2015

Note: Click on the CORPORATE LINK value for links to that company's environmental web pages.

Click on the MAPPING INFO value to obtain mapping information for the facility.

The facility information data within the output below can be downloaded in a comma-separated value file for use in Excel by clicking here:

[Go To Bottom Of The Page](#)

HANDLER NAME: CHICAGO, CITY OF 2F HANDLER ID: ILR000177592

STREET: 947 W CULLERTON FACILITY INFORMATION: [View Facility Information](#)

CITY: CHICAGO CORPORATE LINK: No

STATE: IL COUNTY: COOK

ZIP CODE: 60604 MAPPING INFO: [MAP](#)

EPA REGION: 5

LATITUDE 41.85529 LONGITUDE -87.64984

CONTACT INFORMATION

NAME	STREET	CITY	STATE	ZIP CODE	PHONE	TYPE OF CONTACT
DAVE GRAHAM	30 N LASALLE STE 300	CHICAGO	IL	60602	3127443639	Public
STEVEN FARYAN	77 W JACKSON BLVD	CHICAGO	IL	60604	3123539351	Permit
DAVE GRAHAM	30 N LASALLE STE 300	CHICAGO	IL	60602	3127443639	Permit

LIST OF NAICS CODES AND DESCRIPTIONS

NAICS CODE	NAICS DESCRIPTION
11111	SOYBEAN FARMING

[Go To Top Of The Page](#)

Total Number of Facilities Retrieved: 1

Last updated on 6/3/2015

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NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH-35		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001	DT	18 Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) Mr. Steve Fargan	q. Signature <i>Steve Fargan</i>	r. Date 8/5/2013
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411			American Built Services 453/13		
b. Phone: 630 243-8860					
c. Driver Name (Print) Victor L Trimuel	d. Signature <i>Victor L Trimuel</i>	e. Date 8/5/2013			

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature <i>[Signature]</i>	g. Date 8/5/13	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH - 31		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
47181312520	2/1/14	non hazardous, treated soil	001	DT	18
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Mr. Steve Farjan		q. Signature <i>Steve Farjan</i>		r. Date 8/5/2013	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411			Truck #172 From		
b. Phone: 630 243-8860					
c. Driver Name (Print) DALE DOUGLAS		d. Signature <i>Dale Douglas</i>		e. Date 8/5/2013	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA 1678		
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.					
e. Name of Authorized Agent (Print)		f. Signature <i>[Signature]</i>		g. Date 8-5-13	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable			
b. Phone:		d. Phone:			
e. Special Handling Instructions and Additional Information:					
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable					
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
g. Operator's Name and Title (Print)		h. Signature		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both					



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH - 33		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001	DT	18 Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) Mr. Steve Fagan	q. Signature <i>[Signature]</i>	r. Date 8/5/2013
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		
b. Phone: 630 243-8860		
c. Driver Name (Print) Joseph Wooden	d. Signature <i>[Signature]</i>	e. Date 8/5/13

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221	c. US EPA Number 56-05	d. Discrepancy Indication Space: NA 20.09
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature <i>[Signature]</i>	g. Date 8-5-13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable
b. Phone:		d. Phone:
e. Special Handling Instructions and Additional Information:		
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable		
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.		
g. Operator's Name and Title (Print)		i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both		



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH - 38		c. Page 1 of 1		
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil		001 DT	18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) Mr. Steve Fargan		q. Signature 		r. Date 8/5/2013		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		b. Phone: 630 243-8860		
c. Driver Name (Print) DAVID DOUGLAS		d. Signature 		e. Date 8/5/2013

Truck 172

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA 18.33	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.				
e. Name of Authorized Agent (Print)		f. Signature 		g. Date 8-5-13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable		
b. Phone:		d. Phone:		
e. Special Handling Instructions and Additional Information:				
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable				
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.				
g. Operator's Name and Title (Print)		h. Signature		i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both				



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH - 39		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
47181312520	2/1/14	non hazardous, treated soil	001	DT	18
o. Unit Yards					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Mr. Steve Fargan		q. Signature <i>Steve Fargan</i>		r. Date 8/5/2013	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411			#56
b. Phone: 630 243-8860			
c. Driver Name (Print) <i>Jason Woods</i>	d. Signature <i>Jason Woods</i>	e. Date 8/5/2013	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA 21.74
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature <i>[Signature]</i>	g. Date 8-5-13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
h. Signature <i>[Signature]</i>			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH - 40		c. Page 1 of 1		
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil		001 DT	18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) Mr. Steve Fargan		q. Signature 		r. Date 8/5/2013		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411			b. Phone: 630 243-8860		
c. Driver Name (Print) Mike BIBEAN		d. Signature 		e. Date 8/5/2013	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA		
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.					
e. Name of Authorized Agent (Print)		f. Signature 		g. Date 8/5/2013	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable			
b. Phone:		d. Phone:			
e. Special Handling Instructions and Additional Information:					
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable					
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
g. Operator's Name and Title (Print)		h. Signature		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or restoration operation on both.					

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH - 43		c. Page 1 of 1		
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil		001 DT	18	Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) <i>James Brown</i>		q. Signature <i>[Signature]</i>	r. Date 8/5/2013
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		40/SD3	
b. Phone: 630 243-8860			
c. Driver Name (Print) <i>Tyrone Garrett</i>	d. Signature <i>[Signature]</i>	e. Date 8/5/2013	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date 8/5/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH 42		c. Page 1 of 1		
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312-353-9351			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001	DT	18	Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) Jume Brown	q. Signature <i>[Signature]</i>	r. Date 8/5/2013
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		b. Phone: 630 243-8860	
c. Driver Name (Print) Victor L. Taimuel	d. Signature <i>[Signature]</i>	e. Date 8/5/2013	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221	c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date 8/5/2013

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable	c. Responsible Agency Name and Address: Not Applicable
b. Phone:	d. Phone:
e. Special Handling Instructions and Additional Information:	
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.	
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*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both	



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH-41		c. Page 1 of 1		
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil		001 DT	18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
Jaime Brown			[Signature]		8/5/2013	
p. Generator Authorized Agent Name (Print)			q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411			173/13		
b. Phone: 630 243-8860					
James Bohl		James Bohl		8/5/2013	
c. Driver Name (Print)		d. Signature		e. Date	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA	1993	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.					
e. Name of Authorized Agent (Print)		f. Signature		g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable			
b. Phone:		d. Phone:			
e. Special Handling Instructions and Additional Information:					
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable					
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
g. Operator's Name and Title (Print)		h. Signature		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both					



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Vesuvius USA - Chicago Heights Plant 333 State St Chicago Heights, IL 60411 f. Phone: 217 377 3425			e. Generator's Mailing Address: Vesuvius USA 333 State St Chicago Heights, IL 60411 g. Phone: AW 6080		
If owner of the generating facility differs from the generator, provide:			i. Owner's Phone No.:		
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
47181216446	10/26/2015	Refractory Manufacture Waste	1	CM	15
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Denise Wood		q. Signature 		r. Date 8-5-13	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Republic Services/Skyline 66 E 24 th St Chicago Heights, IL 60411 b. Phone: 708 754 5460		
c. Driver Name (Print) Mike Jinks	d. Signature 	e. Date 8-5-13

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E 500 S Brook, IN 47922 b. Phone: 219 394 2808		c. US EPA Number 56-05	d. Discrepancy Indication Space: 1780
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature 	g. Date 8/5/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address:		c. Responsible Agency Name and Address: IEPA	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Vesuvius USA - Chicago Heights Plant 333 State St Chicago Heights, IL 60411 f. Phone: 217 377 3425			e. Generator's Mailing Address: Vesuvius USA 333 State St Chicago Heights, IL 60411 g. Phone: AW 6080		
If owner of the generating facility differs from the generator, provide:			i. Owner's Phone No.:		
h. Owner's Name:					
j. Waste Profile #	k. Exp. Date	i. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181216446	10/26/2015	Refractory Manufacture Waste	1	CM	15 Y
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print)			q. Signature		r. Date

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Republic Services/Skyline 66 E 24 th St Chicago Heights, IL 60411 b. Phone: 708 754 5460		
c. Driver Name (Print)	d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E 500 S Brook, IN 47922 b. Phone: 219 394 2808		c. US EPA Number 56-05	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address:		c. Responsible Agency Name and Address: IEPA	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH-44		c. Page 1 of 1		
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil		001 DT	18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
Jaime Brown		JCB		8/5/13		
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		b. Phone: 630 243-8860	
c. Driver Name (Print) DALE DOCKLIS		d. Signature D. Dockliss	
e. Date 8/6/2013		f. Date 8/5/13	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA 19.30
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	
g. Date 8-6-13		h. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date		j. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH-47		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001	DT	18 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
Mr. Jaime Brown		[Signature]		8/6/2013	
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		Truck # 40/SD3	
b. Phone: 630 243-8860			
Tyronne Garrett		8/6/13	
c. Driver Name (Print)	d. Signature	e. Date	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA 2132
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date 8-6-13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH - 48		c. Page 1 of 1		
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001	DT	18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) Mr. Jaime Brown			q. Signature 		r. Date 8/6/2013	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		b. Phone: 630 243-8860		Truck # 6678 / 481	
c. Driver Name (Print) Julio Galindo		d. Signature 		e. Date 8/6/13	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA	2135	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.					
e. Name of Authorized Agent (Print)		f. Signature 		g. Date 8/6/13	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable			
b. Phone:		d. Phone:			
e. Special Handling Instructions and Additional Information:					
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable					
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
g. Operator's Name and Title (Print)		h. Signature		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both					



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH-45		c. Page 1 of 1		
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351		e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351				
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:		i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001	DT	18	Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) J. Brown	q. Signature [Signature]	r. Date 8/6/13
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411 b. Phone: 630 243-8860		Fresno Truck #173/T-73	
c. Driver Name (Print) Michael Pech	d. Signature [Signature]	e. Date 8/6/13	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221	c. US EPA Number 56-05	d. Discrepancy Indication Space: NA 17.01
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature [Signature]	g. Date 8-6-13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable	c. Responsible Agency Name and Address: Not Applicable	
b. Phone:	d. Phone:	
e. Special Handling Instructions and Additional Information:		
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable		
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.		
g. Operator's Name and Title (Print)	h. Signature	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both		



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH-46		c. Page 1 of 1		
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil		001 DT	18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
Mr. Jaime Brown					8/6/2013	
p. Generator Authorized Agent Name (Print)			q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411			Truck # 154 / T-54		
b. Phone: 630 243-8860					
c. Driver Name (Print) Jim Bohl		d. Signature 		e. Date 8/6/13	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA 18.36		
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.					
e. Name of Authorized Agent (Print)		f. Signature 		g. Date 8/6/13	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable			
b. Phone:		d. Phone:			
e. Special Handling Instructions and Additional Information:					
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable					
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
g. Operator's Name and Title (Print)		h. Signature		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both					



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH - 49		c. Page 1 of 1		
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312-353-9351			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil		001 DT	18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
Mr. Jaime Brown		[Signature]		8/6/2013		
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		Truck #4444	
b. Phone: 630 243-8860			
X Abel Terrazas		X Abel Terrazas	
c. Driver Name (Print)	d. Signature	e. Date 8/6/2013	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA 7257
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date 8/6/2013

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592	b. Manifest Document Number NH-51	c. Page 1 of 1
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351	e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351	
If owner of the generating facility differs from the generator, provide:		
h. Owner's Name:		i. Owner's Phone No.:

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers		n. Total Quantity	o. Unit Wt/Vol
			No.	Type		
47181312520	2/1/14	non hazardous, treated soil	001	DT	18	Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

Mr. Jaime Brown		8/6/2013
p. Generator Authorized Agent Name (Print)	q. Signature	r. Date

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411	Truck # 172K-62
b. Phone: 630 243-8860	8/6/13
c. Driver Name (Print) DALE DOOLY	d. Signature
e. Date	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221	c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable	c. Responsible Agency Name and Address: Not Applicable
b. Phone:	d. Phone:
e. Special Handling Instructions and Additional Information:	
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.	
g. Operator's Name and Title (Print)	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both	



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH-50		c. Page 1 of 1		
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:						
j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
47181312520		2/1/14	non hazardous, treated soil	001 DT	18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) Mr. Jaime Brown			q. Signature 		r. Date 8/6/2013	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		Truck# 993	
b. Phone: 630 243-8860			
c. Driver Name (Print) Joe Kozak		d. Signature 	e. Date 8/6/2013

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature 	g. Date 8/6/2013

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III, and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH-52		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:		i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001	DT	18 Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

Mr. Jaime Brown		8/6/2013
p. Generator Authorized Agent Name (Print)	q. Signature	r. Date

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411			Truck # 173/T-73		
b. Phone: 630 243-8860					
x Michael Pol	x	8/6/2013			
c. Driver Name (Print)	d. Signature	e. Date			

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH-53		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351		e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351			
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:		i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001	DT	18 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
Mr. Jaime Brown		[Signature]		8/6/2013	
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		Truck # 154/T-55	
b. Phone: 630 243-8860			
X Jim Bohl	[Signature]	8/6/13	
c. Driver Name (Print)	d. Signature	e. Date	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date
			8/6/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH-54		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312-353-9351		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001	DT	18 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Mr. Jaime Brown		q. Signature 		r. Date 8/6/2013	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		b. Phone: 630 243-8860	
c. Driver Name (Print) X Julio Galindo		d. Signature 	
e. Date 8/6/13		Truck # 6678 / 481	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature 	g. Date 8/6/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH 56		c. Page 1 of 1		
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001	DT	18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) Mr. Jaime Brown			q. Signature 		r. Date 8/6/2013	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411			Truck # 4444		
b. Phone: 630 243-8860					
c. Driver Name (Print) A. Adel Terrazas		d. Signature 		e. Date 8/6/2013	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA 19.70
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature 	g. Date 8-6-13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH-57		c. Page 1 of 1		
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil		001 DT	18	Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

Mr. Jaime Brown		8/6/2013
p. Generator Authorized Agent Name (Print)	q. Signature	r. Date

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		
b. Phone: 630 243-8860		
c. Driver Name (Print) Tyronne Garrett		d. Signature
e. Date 8/6/13		Truck #40 / SD-3

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature 	g. Date 8/6/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH 55		c. Page 1 of 1		
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312-353-9351			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001	DT	18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) Mr. Jaime Brown		q. Signature 		r. Date 8/6/2013		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411			Truck #9902/3004		
b. Phone: 630 243-8860					
c. Driver Name (Print) Christopher Mays	d. Signature 	e. Date 8/6/13			

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature 	g. Date 8/6/13	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH - 58		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001	DT	18 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
Mr. Jaime Brown		[Signature]		8/6/2013	
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		Truck # 172	
b. Phone: 630 243-8860			
DAN E DOUGLAS		[Signature]	
c. Driver Name (Print)		e. Date 8/7/2013	
d. Signature			

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date 8.7.13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH-59		c. Page 1 of 1		
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351			
If owner of the generating facility differs from the generator, provide:			i. Owner's Phone No.:			
h. Owner's Name:	j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
	47181312520	2/1/14	non hazardous, treated soil	001 DT	18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
Jaime Brown			[Signature]		8/7/2013	
p. Generator Authorized Agent Name (Print)			q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		Truck # 173 / T-73	
b. Phone: 630 243-8860		8/7/2013	
Michael [Signature]		[Signature]	
c. Driver Name (Print)	d. Signature	e. Date	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

DAVES 9902

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH-61		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
47181312520	2/1/14	non hazardous, treated soil	001	DT	18

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) Jaime Brown	q. Signature 	r. Date 8/7/2013
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		Truck # 9902 / 3004	
b. Phone: 630 243-8860			
c. Driver Name (Print) Christopher Mays	d. Signature 	e. Date 8/7/2013	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221	c. US EPA Number 56-05	d. Discrepancy Indication Space: NA 2298
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature 	g. Date 8/7/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH - 60		c. Page 1 of 1		
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351		e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351				
If owner of the generating facility differs from the generator, provide:		i. Owner's Phone No.:				
h. Owner's Name:	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
j. Waste Profile #						
47181312520	2/1/14	non hazardous, treated soil		001 DT	18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) Jaime Brown		q. Signature 		r. Date 8/7/13		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		b. Phone: 630 243-8860	
c. Driver Name (Print) Jim Bohl		d. Signature 	
		e. Date 8/7/13	

Truck #154 / T-SS
FRESNO

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature 	g. Date 8/7/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

Truck 623/6

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH-62		c. Page 1 of 1				
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351		e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351						
If owner of the generating facility differs from the generator, provide:		i. Owner's Phone No.:						
h. Owner's Name:		j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
		47181312520		2/1/14	non hazardous, treated soil	001	DT	18 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.								
p. Generator Authorized Agent Name (Print) Jaime Brown		q. Signature 		r. Date 8/7/2013				

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		b. Phone: 630 243-8860	
c. Driver Name (Print) Michael C. Bibeau	d. Signature 	e. Date 8/7/13	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.				
e. Name of Authorized Agent (Print)		f. Signature		g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable		
b. Phone:		d. Phone:		
e. Special Handling Instructions and Additional Information:				
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable				
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.				
g. Operator's Name and Title (Print)		h. Signature		i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both				



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck # 2006/69

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH-63		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001	DT	18 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Vime Brown			q. Signature 		r. Date 8/7/2013

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		
b. Phone: 630 243-8860		
c. Driver Name (Print) Joe Kojak	d. Signature 	e. Date 8/7/2013

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature 	g. Date 8/7/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

Fresno
Truck # 154 / T-55

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH - 67		c. Page 1 of 1		
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351		e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351				
If owner of the generating facility differs from the generator, provide:		i. Owner's Phone No.:				
h. Owner's Name:	j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
	47181312520	2/1/14	non hazardous, treated soil	001	DT	18 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) James Brown		q. Signature 		r. Date 8/7/13		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411 b. Phone: 630 243-8860		c. Driver Name (Print) Jim Ball		d. Signature 	e. Date 8/7/13
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III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature 	g. Date 8/7/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Daves 9902

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH-68		c. Page 1 of 1		
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil		001 DT	18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
Jaime Brown			[Signature]		8/7/13	
p. Generator Authorized Agent Name (Print)			q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411			
b. Phone: 630 243-8860			
c. Driver Name (Print) Christopher Mays		d. Signature [Signature]	e. Date 8/7/13

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA [Signature]
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature [Signature]	g. Date 8/7/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck #623/6

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH-69		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001	DT	18 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print): Vaime Brown			q. Signature 		r. Date 8/9/13

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411			ZF 623		
b. Phone: 630 243-8860					
c. Driver Name (Print): Michael C. Bibeau			d. Signature 		e. Date 8/7/13

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature 	g. Date 8/7/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

Truck #

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH - 65		c. Page 1 of 1				
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351		e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351						
If owner of the generating facility differs from the generator, provide:		i. Owner's Phone No.:						
h. Owner's Name:		j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
		47181312520		2/1/14	non hazardous, treated soil	001	DT	18 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.								
p. Generator Authorized Agent Name (Print) Jaimie Brown		q. Signature 		r. Date 8/7/13				

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		b. Phone: 630-243-0660	
c. Driver Name (Print) Dale Jones		d. Signature 	
		e. Date 8/7/13	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA 2019
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature 	
		g. Date 8/7/13	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature 	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck #173 / T-73

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH - 66		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351		e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351			
If owner of the generating facility differs from the generator, provide:		i. Owner's Phone No.:			
h. Owner's Name:	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
j. Waste Profile #			Type		
47181312520	2/1/14	non hazardous, treated soil	001	DT	18 Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) Jaime Brown	q. Signature 	r. Date 8/7/13
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411	
b. Phone: 630 243-8860	
c. Driver Name (Print) Michael Bach	d. Signature
	e. Date 8/7/13

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221	c. US EPA Number 56-05	d. Discrepancy Indication Space: NA 1721
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print) 	f. Signature 	g. Date 8/7/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable	c. Responsible Agency Name and Address: Not Applicable
b. Phone:	d. Phone:
e. Special Handling Instructions and Additional Information:	
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.	
g. Operator's Name and Title (Print)	h. Signature
i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both	



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck # 671591

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH-64		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001	DT	18 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Jaime Brown		q. Signature 		r. Date 8/7/2013	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		
b. Phone: 630 243-8860		
c. Driver Name (Print) Dion Garrett	d. Signature 	e. Date 8/7/2013

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA 23.51
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature 	g. Date 8/7/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck # 2006

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH - 70		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351		e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351			
If owner of the generating facility differs from the generator, provide:		i. Owner's Phone No.:			
h. Owner's Name:	k. Exp. Date	i. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
j. Waste Profile #			Type		
47181312520	2/1/14	non hazardous, treated soil	001	DT	18 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Jimmie Brown		q. Signature 		r. Date 8/7/13	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411	
b. Phone: 630 243-8860	
c. Driver Name (Print) Joe Kozak	d. Signature
e. Date 8/7/13	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221	c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature 	g. Date 8/7/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable	c. Responsible Agency Name and Address: Not Applicable
b. Phone:	d. Phone:
e. Special Handling Instructions and Additional Information:	
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.	
g. Operator's Name and Title (Print)	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both	



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

Truck # 172/T-62

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH 71		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351		
If owner of the generating facility differs from the generator, provide:			i. Owner's Phone No.:		
h. Owner's Name:					
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001	DT	18 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Jaime Brown		q. Signature 		r. Date 8/8/13	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		
b. Phone: 630 243-8860		
c. Driver Name (Print) NOLAN DOORLAS	d. Signature 	e. Date 8/8/13

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221	c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature 	g. Date 8/8/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck # 173 | T-73

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH-72		c. Page 1 of 1		
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil		001 DT	18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) Jaime Brown		q. Signature 		r. Date 8/8/2013		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		
b. Phone: 630 243-8860		
c. Driver Name (Print) Michael Shaw	d. Signature 	e. Date 8/8/2013

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature 	g. Date 8/8/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Fresno
Truck # 154/T-55

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH-73		c. Page 1 of 1		
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil		001 DT	18	Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

Jaime Brown		8/8/2013
p. Generator Authorized Agent Name (Print)	q. Signature	r. Date

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		
b. Phone: 630 243-8860		
Jim Bohl	Jim Bohl	8/8/2013
c. Driver Name (Print)	d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

Truck # 2F 40/50-3

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH 74		c. Page 1 of 1		
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil		001 DT	18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) Jaime Brown			q. Signature 		r. Date 8/8/13	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411			40/3		
b. Phone: 630 243-8860					
c. Driver Name (Print) Trane Garrett		d. Signature 		e. Date 8/8/13	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.				
e. Name of Authorized Agent (Print)		f. Signature 		g. Date 8/8/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable		
b. Phone:		d. Phone:		
e. Special Handling Instructions and Additional Information:				
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable				
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.				
g. Operator's Name and Title (Print)		h. Signature		i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both				



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck # 2F 67/3004

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH - 75		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351		e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351			
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:		i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001	DT	18 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Jaime Brown		q. Signature 		r. Date 8/8/13	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		
b. Phone: 630 243-8860		
c. Driver Name (Print) Christopher Mays	d. Signature 	e. Date 8/8/13

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature 	g. Date 8/8/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

Truck #173

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH - 77		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351		
If owner of the generating facility differs from the generator, provide:			i. Owner's Phone No.:		
h. Owner's Name:		k. Exp. Date		l. Waste Shipping Name and Description	
j. Waste Profile #		m. Containers No. Type		n. Total Quantity	
47181312520		2/1/14		001 DT 18	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
Jaime Braun		[Signature]		8/8/13	
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411	
b. Phone: 630 243-8860	
c. Driver Name (Print) Mike Post	d. Signature [Signature]
e. Date 8/8/13	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA [Signature]
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature [Signature]	g. Date 8-8-13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck # 172

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH-76		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001	DT	18 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
Jaime Brown		[Signature]		8/8/13	
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411	
b. Phone: 630 243-8860	
c. Driver Name (Print)	e. Date
DAVID DOCKINS	8/8/13
d. Signature	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221	c. US EPA Number 56-05	d. Discrepancy Indication Space: NA 18.59
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date
		8/8/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable	c. Responsible Agency Name and Address: Not Applicable
b. Phone:	d. Phone:
e. Special Handling Instructions and Additional Information:	
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.	
g. Operator's Name and Title (Print)	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both	



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck# 6678

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH-78		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:		i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001	DT	18 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
Mr. Jaime Brown		[Signature]		8/15/2013	
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		
b. Phone: 630 243-8860		
c. Driver Name (Print) Julio Salinas		e. Date 8/15/2013
d. Signature [Signature]		

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date 8/15/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

Truck # Fresno
173

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH-79		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:		i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001	DT	18 Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

Mr. Jaime Brown		8/15/2013
p. Generator Authorized Agent Name (Print)	q. Signature	r. Date

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		
b. Phone: 630 243-8860		
		8/15/2013
c. Driver Name (Print)	d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

Truck # 56 M+C Cart

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH-81		c. Page 1 of 1		
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil		001 DT	18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) Mr. Jaime Brown			q. Signature 		r. Date 8/15/2013	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		
b. Phone: 630 243-8860		
c. Driver Name (Print) Joseph Woodard	d. Signature 	e. Date 8/15/2013

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature 	g. Date 8/15/10

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck # 453

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH - 80		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351		e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351			
If owner of the generating facility differs from the generator, provide:		i. Owner's Phone No.:			
h. Owner's Name:		i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001	DT	18 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
Mr. Jaime Brown		[Signature]		8/15/2013	
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		b. Phone: 630 243-8860	
Victor Tarmuel		Victor Tarmuel	
c. Driver Name (Print)	d. Signature	e. Date	
		8/15/2013	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date
			8/15/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

2-Force
Truck # 625

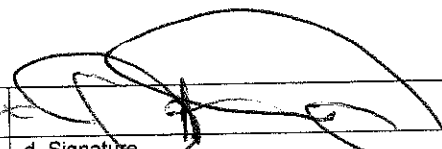
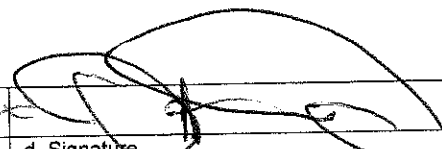
I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH-82		c. Page 1 of 1				
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351					
f. If owner of the generating facility differs from the generator, provide:			i. Owner's Phone No.:					
h. Owner's Name:		j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
		47181312520		2/1/14	non hazardous, treated soil	001 DT	18	Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) Mr. Jaime Brown		q. Signature 	r. Date 8/15/2013
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		
b. Phone: 630 243-8860		
c. Driver Name (Print) James L. L... 	d. Signature 	e. Date 8/15/2013

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA 19.74
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature 	g. Date 8/15/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck # KDK Trucking 27

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH - <u>83</u>		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001	DT	18 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
Mr. Jaime Brown				8/15/2013	
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		
b. Phone: 630 243-8860		
c. Driver Name (Print)	d. Signature	e. Date
Jeffrey Turngren		8/15/2013

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date
			8/15/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck # 6678

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH-84		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:		i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001	DT	18 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Mr. Jaime Brown		q. Signature 		r. Date 8/15/2013	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		
b. Phone: 630 243-8860		
c. Driver Name (Print) Julio Galindo	d. Signature 	e. Date 8/15/2013

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA 20.43
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature 	g. Date 8/15/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

Truck# 173

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH-85		c. Page 1 of 1		
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil		001 DT	18	Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

Mr. Jaime Brown		Signature		8/15/2013	
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411			
b. Phone: 630 243-8860			
c. Driver Name (Print) Michael Pelt		d. Signature [Signature]	e. Date 8/15/13

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA	1953
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.				
e. Name of Authorized Agent (Print)		f. Signature		g. Date 8/15/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck# 56

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH-86		c. Page 1 of 1		
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil		001 DT	18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) Mr. Jaime Brown			q. Signature 		r. Date 8/15/2013	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		
b. Phone: 630 243-8860		
c. Driver Name/(Print) Bryce Woods	d. Signature 	e. Date 8/15/2013

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA 2142
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature 	g. Date 8/15/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

Truck # 1525

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH-87		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001	DT	18 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Mr. Jaime Brown		q. Signature 		r. Date 8/15/2013	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		
b. Phone: 630 243-8860		
c. Driver Name (Print) James J. Waniuk	d. Signature 	e. Date 8/15/13

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA 2/1/14
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature 	g. Date 8/15/13	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck# 172

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH-88		c. Page 1 of 1				
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351					
If owner of the generating facility differs from the generator, provide:			i. Owner's Phone No.:					
h. Owner's Name:		j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
		47181312520		2/1/14	non hazardous, treated soil	001	DT	18 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.								
p. Generator Authorized Agent Name (Print) Mr. Jaime Brown					q. Signature 		r. Date 8/15/2013	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411			
b. Phone: 630 243-8860			
c. Driver Name (Print) DALE DOUGLAS		d. Signature 	e. Date 8/19/2013

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature 	g. Date 8/19/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

ABS, INC
Truck # 453

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH-89		c. Page 1 of 1		
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil		001 DT	18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) Mr. Jaime Brown			q. Signature 		r. Date 8/19/2013	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		
b. Phone: 630 243-8860		
c. Driver Name (Print) Victor L. Manuel	d. Signature 	e. Date 8/19/2013

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature 	g. Date 8/19/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		d. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

Truck # 2-force 40

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number <u>NH-90</u>		c. Page 1 of <u>1</u>	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity
47181312520	2/1/14	non hazardous, treated soil		001 DT	18 yd ³

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) <u>Steve Faryan</u>	q. Signature <u>[Signature]</u>	r. Date <u>8/19/13</u>
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone:		
c. Driver Name (Print) <u>Tyronne Garrett</u>	d. Signature <u>[Signature]</u>	e. Date <u>8-19-13</u>

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221	c. US EPA Number 56-05	d. Discrepancy Indication Space: NA <u>2201</u>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date <u>8/19/13</u>

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck # ~~256~~ ^{APAP} 0104

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number NH-91		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: Environemental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity
47181312520	2/1/14	non hazardous, treated soil		001 DT	18
					yd ³
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Steve Fagan		q. Signature <i>Steve Fagan</i>		r. Date 8-19-13	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone: 412-418 #0104		
c. Driver Name (Print) Juvenal Pile	d. Signature <i>Juvenal Pile</i>	e. Date 8-19-13

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA 19,65
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature <i>[Signature]</i>	g. Date 8-19-13	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

SESASO
Truck # 75

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number NH-92		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	Type	n. Total Quantity
47181312520	2/1/14	non hazardous, treated soil	001	DT	18
					yd ³
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Steve Faryan			q. Signature <i>Steve Faryan</i>		r. Date 8-19-13

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone:		
c. Driver Name (Print) Jose Sida	d. Signature <i>Jose Sida</i>	e. Date 8/19/13

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature <i>[Signature]</i>	g. Date 8/19/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

Truck # 625

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number NH-93 94		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001 DT	18	yd ³

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) Steve Faryan	q. Signature 	r. Date 8/19/13
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:	
b. Phone:	
c. Driver Name (Print) Jim T. Warrick	d. Signature
e. Date 8/19/13	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221	c. US EPA Number 56-05	d. Discrepancy Indication Space: NA 20160
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature 	g. Date 8/19/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable	c. Responsible Agency Name and Address: Not Applicable	
b. Phone:	d. Phone:	
e. Special Handling Instructions and Additional Information:		
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable		
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.		
g. Operator's Name and Title (Print)	h. Signature	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both		



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

Truck #993 ^{2-ton}

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number NH-92		c. Page 1 of 1		
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil		001 DT	18	yd ³

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) Steve Farfan		q. Signature	r. Date 8-9-13
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone:		
c. Driver Name (Print) Michael C. BIBEAU	d. Signature	e. Date 8/19/13

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA 2262
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date 8-19-13	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck # 619
ZF

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number <u>NH-95</u>		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001	DT 18	yd ³

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

<u>Steve Farnan</u>	<u>[Signature]</u>	<u>8-19-13</u>
p. Generator Authorized Agent Name (Print)	q. Signature	r. Date

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone:		
<u>Christopher Mays</u>	<u>[Signature]</u>	<u>8/19/2013</u>
c. Driver Name (Print)	d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221	c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
<u>[Signature]</u>	<u>[Signature]</u>	<u>8-19-13</u>
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable	c. Responsible Agency Name and Address: Not Applicable
b. Phone:	d. Phone:
e. Special Handling Instructions and Additional Information:	
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.	
g. Operator's Name and Title (Print)	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both	



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

Truck # 572

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number <u>NH-96</u>		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001 DT	18	yd ³
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) <u>Steve Farfan</u>			q. Signature <u>[Signature]</u>		r. Date <u>8-19-13</u>

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone:		
c. Driver Name (Print) <u>MAZOUZAS</u>	d. Signature <u>[Signature]</u>	e. Date <u>8/19/13</u>

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221	c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date <u>8/19/13</u>

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

Truck # 0104
A.P.A.P

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number NH-98		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001 DT	018	Yd ³
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Steve Faryan			q. Signature [Signature]		r. Date 8/19/13

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone:		
c. Driver Name (Print) David Rile	d. Signature [Signature]	e. Date 8/19/13

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA 2140
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature [Signature]	g. Date 8-19-13	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			

If waste is asbestos waste, complete Sections I, II, III and IV
 If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck # 453

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number NH-97		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001 DT	18	yd ³

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) Steve Faryan	q. Signature <i>[Signature]</i>	r. Date 8/19/13
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: AB 453		
b. Phone:		
c. Driver Name (Print) Victor I Taimuel	d. Signature <i>[Signature]</i>	e. Date 8/19/13

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221	c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date 8/19/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable	c. Responsible Agency Name and Address: Not Applicable
b. Phone:	d. Phone:
e. Special Handling Instructions and Additional Information:	
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.	
g. Operator's Name and Title (Print)	h. Signature
i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both	



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

Truck # 625

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number NH-102		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001 DT	018	Yd ³
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Steve Faryan			r. Date 8/19/13		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:	
b. Phone:	
c. Driver Name (Print) Jim Timarini	e. Date 8/19/13

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221	c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date 8/19/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable	c. Responsible Agency Name and Address: Not Applicable
b. Phone:	d. Phone:
e. Special Handling Instructions and Additional Information:	
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.	
g. Operator's Name and Title (Print)	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both	



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck # 993

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number NH-101		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity
47181312520	2/1/14	non hazardous, treated soil		001 DT	018
					423

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) Steve Farman		q. Signature 	r. Date 8/19/13
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone:		
c. Driver Name (Print) Michael B. Beau	d. Signature 	e. Date 8/19/2013

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature 	g. Date 8-19-13	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck # 40

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number NH-100		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477		
If owner of the generating facility differs from the generator, provide:			i. Owner's Phone No.:		
h. Owner's Name:		i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001	DT 018	yd ³
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Steve Farvan		q. Signature 		r. Date 8/19/13	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:	
b. Phone:	
c. Driver Name (Print) Tyronne Garrett	d. Signature
e. Date 8/19/2013	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221	c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature 	g. Date 8/19/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck # 75

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number NH-99		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001 DT	018	Yd ³
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Steve Farzan			q. Signature [Signature]		r. Date 8/19/13

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone:		
c. Driver Name (Print) José Sida	d. Signature [Signature]	e. Date 8/19/13

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA 21.49
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature [Signature]	g. Date 8/19/13	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

Truck # Sesajo 75

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number State # IL 0316315293		b. Manifest Document Number NH-103		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001 DT	018	yd ³
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Steve Forgan		q. Signature <i>[Signature]</i>		r. Date 8/22/13	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone:		
c. Driver Name (Print) José Sida	d. Signature <i>[Signature]</i>	e. Date 8/22/13

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA 2052
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature <i>[Signature]</i>	g. Date 8/22/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

Truck # ABS 453

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number State # IL 0316315293		b. Manifest Document Number NH-104		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001 DT	018	yd ³
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) <i>Steven Farnan</i>		q. Signature <i>Steven Farnan</i>		r. Date <i>8/22/13</i>	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: AB 453		
b. Phone:		
c. Driver Name (Print) <i>Victor Manuel</i>	d. Signature <i>VJ</i>	e. Date <i>8/22/13</i>

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA <i>212</i>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature <i>[Signature]</i>	
		g. Date <i>8/22/13</i>	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

Truck # MTC Cart 56

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number State # IL 0316315293		b. Manifest Document Number NH-105		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity
47181312520	2/1/14	non hazardous, treated soil	001	DT	018
					yd ³

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) Steve Farnan	q. Signature 	r. Date 8/22/13
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone:		
c. Driver Name (Print) Gregg Warden	d. Signature 	e. Date 8/22/13

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221	c. US EPA Number 56-05	d. Discrepancy Indication Space: NA 21.341
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature 	g. Date 8/22/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable	c. Responsible Agency Name and Address: Not Applicable	
b. Phone:	d. Phone:	
e. Special Handling Instructions and Additional Information:		
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable		
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.		
g. Operator's Name and Title (Print)	h. Signature	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both		



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

Truck # 2 Force
625

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number State # IL 0316315293		b. Manifest Document Number NH-106		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001 DT	018	yd ³
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Steve Forner		q. Signature <i>[Signature]</i>		r. Date 8/22/13	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone:		
c. Driver Name (Print) Steve Forner	d. Signature <i>[Signature]</i>	e. Date 8/22/13

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA 18.42
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print) Steve Forner		f. Signature <i>[Signature]</i>	g. Date 8/22/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck # Fresno
173

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number State # IL 0316315293		b. Manifest Document Number NH-107		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001 DT	018	Yd ³
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Steve Fagan		q. Signature <i>[Signature]</i>		r. Date 8/22/13	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone:		
c. Driver Name (Print) Mike Paul	d. Signature <i>[Signature]</i>	e. Date 8/22/13

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221	c. US EPA Number 56-05	d. Discrepancy Indication Space: NA 19.25
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature <i>[Signature]</i>	g. Date 8/22/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable	c. Responsible Agency Name and Address: Not Applicable
b. Phone:	d. Phone:
e. Special Handling Instructions and Additional Information:	
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.	
g. Operator's Name and Title (Print)	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both	



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

Truck # Flomo 170

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number State # IL 0316315293		b. Manifest Document Number NH-108		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351		e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477			
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:		i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001 DT	018	yd ³
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Steve Fabian		q. Signature <i>[Signature]</i>		r. Date 8/22/13	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:	
b. Phone:	
c. Driver Name (Print) FRANK WARREN	d. Signature <i>[Signature]</i>
e. Date 8/22/13	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221	c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature <i>[Signature]</i>	g. Date 8/28/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable	c. Responsible Agency Name and Address: Not Applicable
b. Phone:	d. Phone:
e. Special Handling Instructions and Additional Information:	
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.	
g. Operator's Name and Title (Print)	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both	



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck # 453

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number State # IL 0316315293		b. Manifest Document Number NH-109		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001 DT	018	yd ³
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Steve Taryan		q. Signature <i>[Signature]</i>		r. Date 8/22/13	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: AB 453		
b. Phone:		
c. Driver Name (Print) Victor L. Grimaldi	d. Signature <i>[Signature]</i>	e. Date 8/22/13

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature <i>[Signature]</i>	g. Date 8/22/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck # 56

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number State # IL 0316315293		b. Manifest Document Number NH-110		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001 DT	018	yd ³

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) Steven Fagan	q. Signature <i>[Signature]</i>	r. Date 8/22/13
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone:		
c. Driver Name (Print) Joseph W. Woods	d. Signature <i>[Signature]</i>	e. Date 8/22/13

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221	c. US EPA Number 56-05	d. Discrepancy Indication Space: NA 2095
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date 8/22/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable	c. Responsible Agency Name and Address: Not Applicable
b. Phone:	d. Phone:
e. Special Handling Instructions and Additional Information:	
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.	
g. Operator's Name and Title (Print)	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both	



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck # 75

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number State # IL 0316315293		b. Manifest Document Number NH-111		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001 DT	018	Yd ³
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Steven Fayan		q. Signature <i>[Signature]</i>		r. Date 8/22/13	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone:		
c. Driver Name (Print) José Sida	d. Signature <i>[Signature]</i>	e. Date 8/22/13

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA 2639
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature <i>[Signature]</i>	g. Date 8/22/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

Truck # 625

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number State # IL 0316315293		b. Manifest Document Number NH-112		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477		
If owner of the generating facility differs from the generator, provide:			i. Owner's Phone No.:		
h. Owner's Name:		i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001 DT	018	Yd ³
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Steve Ferguson		q. Signature 		r. Date 8/22/13	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:	
b. Phone:	
c. Driver Name (Print) Jim Thomas	d. Signature
e. Date 8/22/13	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221	c. US EPA Number 56-05	d. Discrepancy Indication Space: NA 9346
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature 	g. Date 8/22/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable	c. Responsible Agency Name and Address: Not Applicable
b. Phone:	d. Phone:
e. Special Handling Instructions and Additional Information:	
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.	
g. Operator's Name and Title (Print)	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both	



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck # Seagundo
75

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number State # IL 0316315293		b. Manifest Document Number NH-113		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351		e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477			
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001 DT	018	yd ³
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Steve Kasper		q. Signature <i>[Signature]</i>		r. Date 8/26/13	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone:		
c. Driver Name (Print) José Sida	d. Signature <i>[Signature]</i>	e. Date 8/26/13

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221	c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature <i>[Signature]</i>	g. Date 8/26/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable	c. Responsible Agency Name and Address: Not Applicable
b. Phone:	d. Phone:
e. Special Handling Instructions and Additional Information:	
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.	
g. Operator's Name and Title (Print)	h. Signature
i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both	



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck # 173

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number State # IL 0316315293		b. Manifest Document Number NH-114		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001 DT	018	yd ³
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) STEVEN FARJAN		q. Signature 	r. Date 8/26/13		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: 2-Force 700 E. Tucuman Road Chicago Heights, IL 60411		Fresno # 173	
b. Phone: 630 243-7886			
c. Driver Name (Print) MIKE JONES	d. Signature 	e. Date 8/26/13	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print) MIKE JONES		f. Signature 	g. Date 8/26/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck # 621

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number State # IL 0316315293		b. Manifest Document Number NH-115		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001 DT	018	Yd ³
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Steven Fagan		q. Signature 		r. Date 8/26/13	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: 2-Force Transportation 300 E 500th Road Chicago Heights, IL 60411		
b. Phone: 630-243-8860		
c. Driver Name (Print) Jack Middleton	d. Signature 	e. Date 8/26/13

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature 	g. Date 8/26/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck # _____

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number State # IL 0316315293		b. Manifest Document Number NH-116		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351		e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477			
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:		i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001 DT	018	yd ³
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Steven Fagan		q. Signature <i>Steven Fagan</i>		r. Date 8/26/13	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: 2-Force Transportation 700 E Joe Orr Road Chicago, Illinois, 60641		
b. Phone: 630-243-8860		
c. Driver Name (Print) Michael B. BEAU	d. Signature <i>Michael Beau</i>	e. Date 8/26/13

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature <i>[Signature]</i>	
		g. Date 8/26/13	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck # MHC Cart 56

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number State # IL 0316315293		b. Manifest Document Number NH-117		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351		e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477			
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:		i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001 DT	018	YD ³
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Steven Faryan		q. Signature <i>[Signature]</i>		r. Date 8/26/13	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address 2-Force Transportation 700 E 306th Road Chicago Heights, IL		b. Phone 630-243-8860	
c. Driver Name (Print) Joseph [Signature]	d. Signature <i>[Signature]</i>	e. Date 8/26/13	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA <i>[Signature]</i>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print) [Signature]		f. Signature <i>[Signature]</i>	
		g. Date 8/26/13	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck # 232

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number State # IL 0316315293		b. Manifest Document Number NH-118		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001 DT	018	yd ³
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Steven Fagan		q. Signature <i>Steven Fagan</i>		r. Date 8/26/13	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: 2-force Transportation 700 E Joe Orr Road Chicago Heights, IL		
b. Phone: 630-243-8860		
c. Driver Name (Print) Christopher May	d. Signature <i>Christopher May</i>	e. Date 8/26/13

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA 21.74
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print) Steven Fagan		f. Signature <i>Steven Fagan</i>	g. Date 8/26/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
* OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

Truck # _____

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number State # IL 0316315293		b. Manifest Document Number NH-119		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351		e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477			
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001 DT	018	yd ³
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Steven Farzan			q. Signature <i>[Signature]</i>		r. Date 8/26/13

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: 2 force Transportation 700 E 30c Ort Road Chicago Heights, IL	
b. Phone: 708 758-5868	
c. Driver Name (Print) MIKE ALH	d. Signature <i>[Signature]</i>
e. Date 8/26/13	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature <i>[Signature]</i>	g. Date 8/26/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable FRESNO 173	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date		*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both	



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck # 621

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592 (state of Illinois)		b. Manifest Document Number NH-121		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351		e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477			
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:		i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001 DT	018	yd ³
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Steve Farvan		q. Signature <i>[Signature]</i>		r. Date 8/20/13	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z-Force Transportation 700 East Joe Orr Road Chicago Heights, IL	
b. Phone: (708) 758-5868	
c. Driver Name (Print) Jack Middleton	d. Signature <i>[Signature]</i>
e. Date	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221	c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature <i>[Signature]</i>	g. Date 8/26/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable	c. Responsible Agency Name and Address: Not Applicable
b. Phone:	d. Phone:
e. Special Handling Instructions and Additional Information:	
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.	
g. Operator's Name and Title (Print)	i. Date

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck # 75

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592 (state of Illinois)		b. Manifest Document Number NH-120		c. Page 1 of 1		
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil		001 DT	018	yd ³
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) Steve Farsan		q. Signature <i>[Signature]</i>		r. Date 8/20/13		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z-Force Transportation 700 East Joe Orr Road Chicago Heights, IL		
b. Phone: (708) 758-5868		
c. Driver Name (Print) Jose Sida	d. Signature <i>[Signature]</i>	e. Date 8/20/13

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge, the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature <i>[Signature]</i>	
		g. Date 8/20/13	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck # 623

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592 (state of Illinois)		b. Manifest Document Number NH - 122		c. Page 1 of 1		
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil		001 DT	018	yd ³
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) Steve Farzan		q. Signature <i>[Signature]</i>		r. Date 8/26/13		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z-Force Transportation 700 East Joe Orr Road Chicago Heights, IL		
b. Phone: (708) 758-5868		
c. Driver Name (Print) Michael B. Beatty	d. Signature <i>[Signature]</i>	e. Date 8/26/13

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.				
e. Name of Authorized Agent (Print)		f. Signature <i>[Signature]</i>		g. Date 8/26/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable		
b. Phone:		d. Phone:		
e. Special Handling Instructions and Additional Information:				
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable				
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.				
g. Operator's Name and Title (Print)		h. Signature		i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both				



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck # 56

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592 (state of Illinois)		b. Manifest Document Number. NH - <u>123</u>		c. Page 1 of 1		
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351		e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477				
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil		001 DT	018	yd ³
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) <u>Steve Farjan</u>		q. Signature <u>[Signature]</u>		r. Date <u>8/26/13</u>		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z-Force Transportation 700 East Joe Orr Road Chicago Heights, IL		
b. Phone: (708) 758-5868		
c. Driver Name (Print) <u>Joseph Wooda</u>	d. Signature <u>[Signature]</u>	e. Date <u>8/26/13</u>

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.				
e. Name of Authorized Agent (Print) <u>[Signature]</u>		f. Signature <u>[Signature]</u>		g. Date <u>8/26/13</u>

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable		
b. Phone:		d. Phone:		
e. Special Handling Instructions and Additional Information:				
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable				
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.				
g. Operator's Name and Title (Print)		h. Signature		i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both				



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

Daves
Truck # 232

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592 (state of Illinois)		b. Manifest Document Number NH - 124		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351		e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477			
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:		i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001 DT	018	yd ³
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Steve Farian		q. Signature <i>Steve Farian</i>		r. Date 8/26/13	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z-Force Transportation 700 East Joe Orr Road Chicago Heights, IL		
b. Phone: (708) 758-5868		
c. Driver Name (Print) Christopher Mays	d. Signature <i>Christopher Mays</i>	e. Date 8/26/13

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA 2117
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature <i>[Signature]</i>	g. Date 8/26/13	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck # 173

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592 (state of Illinois)		b. Manifest Document Number NH - 126		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351		e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477			
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:		i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001 DT	018	Yd ³

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

Steve Farman	Signature	8/27/13
p. Generator Authorized Agent Name (Print)	q. Signature	r. Date

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z-Force Transportation 700 East Joe Orr Road Chicago Heights, IL		Fresno 173	
b. Phone: (708) 768-5868		8/27/13	
Mike Pech	Signature	8/27/13	
c. Driver Name (Print)	d. Signature	e. Date	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221	c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable	c. Responsible Agency Name and Address: Not Applicable
b. Phone:	d. Phone:
e. Special Handling Instructions and Additional Information:	
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.	
g. Operator's Name and Title (Print)	h. Signature
i. Date	

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

Truck # 453

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592 (state of Illinois)		b. Manifest Document Number NH - <u>125</u>		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351		e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477			
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:		i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
47181312520	2/1/14	non hazardous, treated soil	001 DT		018 Yd ³

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) <u>Steve Farjan</u>	q. Signature <u>[Signature]</u>	r. Date <u>8/27/13</u>
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z-Force Transportation 700 East Joe Orr Road Chicago Heights, IL		
b. Phone: (708) 758-5868		
c. Driver Name (Print) <u>Nick L. Tammuel</u>	d. Signature <u>[Signature]</u>	e. Date <u>8/27/13</u>

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221	c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck # 56

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592 (state of Illinois)		b. Manifest Document Number NH-127		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351		e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477			
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:		i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	061 DT	018	yd ³
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Steve Fagan		q. Signature <i>[Signature]</i>		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z-Force Transportation 700 East Joe Orr Road Chicago Heights, IL		b. Phone: (708) 758-5868	
c. Driver Name (Print) Joseph [Signature]	d. Signature <i>[Signature]</i>	e. Date 8/27/13	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA 2045
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature <i>[Signature]</i>	g. Date 8/27/13	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck # 453

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592 (state of Illinois)		b. Manifest Document Number NH - <u>128</u>		c. Page 1 of 1		
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: Environemental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	061	DT	018	yd ³
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z-Force Transportation 700 East Joe Orr Road Chicago Heights, IL		b. Phone: (708) 758-5868	
c. Driver Name (Print)	d. Signature	e. Date	
<u>Victor Manuel</u>	<u>[Signature]</u>	<u>8/27/13</u>	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date
		<u>[Signature]</u>	<u>8/27/13</u>

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		<u>[Signature]</u>	
i. Date			

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck # 56

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592 (state of Illinois)		b. Manifest Document Number NH - 129		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351		e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477			
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:		i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001 DT	018	Yd ³
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z-Force Transportation 700 East Joe Orr Road Chicago Heights, IL		b. Phone: (708) 758-5868	
c. Driver Name (Print)	d. Signature	e. Date	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date			

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

Truck # 173

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592 (state of Illinois)		b. Manifest Document Number NH - <u>130</u>		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351		e. Generator's Mailing Address: Environmental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone: 636-227-7477			
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:		i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001 DT	018	yd ³
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print)		q. Signature	r. Date		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z-Force Transportation 700 East Joe Orr Road Chicago Heights, IL		b. Phone: (708) 758-5868	
c. Driver Name (Print)	d. Signature	e. Date	

Mike Rob *[Signature]* 8/27/13

FRESNO #173

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221	c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

[Signature] 8/27/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable	c. Responsible Agency Name and Address: Not Applicable
b. Phone:	d. Phone:
e. Special Handling Instructions and Additional Information:	
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.	
g. Operator's Name and Title (Print)	h. Signature
i. Date	

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH-36		c. Page 1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil	001	DT	18 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Mr. Steve Faryan		q. Signature <i>Steve Faryan</i>	r. Date 8/5/2013		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		b. Phone: 630 243-8860	
c. Driver Name (Print) Tyronne Garrett		d. Signature <i>Tyronne Garrett</i>	e. Date 8-5-13

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date 8/5/13

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH-32		c. Page 1 of 1		
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil		001 DT	18	Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) W. Steve Fargan		q. Signature <i>[Signature]</i>	r. Date 8/5/2013
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		b. Phone: 630 243-8860	
c. Driver Name (Print) Michael C. BiBEAU		d. Signature <i>[Signature]</i>	e. Date 8/5/2013

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA 19.31
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature <i>[Signature]</i>	g. Date 8/5/2013

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Document Number NH-34		c. Page 1 of 1		
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone: 312 353-9351			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardous, treated soil		001 DT	18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) Mr. Steve Fargan		q. Signature <i>Steve Fargan</i>		r. Date 8/5/2013		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		b. Phone: 630 243-8860			
c. Driver Name (Print) James Bohl		d. Signature <i>James Bohl</i>		e. Date 8/5/2013	
f. Driver's License Number Fresno 1731773					

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Number 56-05	d. Discrepancy Indication Space: NA 16170		
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.					
e. Name of Authorized Agent (Print)		f. Signature <i>[Signature]</i>		g. Date 8-5-13	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Not Applicable		c. Responsible Agency Name and Address: Not Applicable			
b. Phone:		d. Phone:			
e. Special Handling Instructions and Additional Information:					
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable					
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
g. Operator's Name and Title (Print)		h. Signature		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both					